

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	
O.I.P.E. CLASSIFIER		69252	4-1-00
FORMALITY REVIEW			5-30-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 -+ Restricted O Objected

Claim	Date
Final	
Original	
1	✓ 5/6/02
2	✓ 12/21/03
3	✓ 5/14/03
4	✓ 12/15/03
5	✓ 6/1/04
6	✓
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50	✓

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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